

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS
OUTSIDE/CONCURRENT EMPLOYMENT
DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS**

Name of Elected Official: _____

Title: _____

Governmental Entity Served: _____

Name of Outside or Concurrent Employer	Remuneration Received During Prior Year

Signature of Elected Official: _____

Date: _____

If this form amends a previously-filed form, please check this box